Executive Summary
OVC RAAAP Initiative Final Report

Rapid Country Assessment, Analysis, and Action Planning (RAAAP) Initiative On Behalf of Orphans and Other Vulnerable Children in Sub-Saharan Africa

Prepared by POLICY Project
In support of the OVC RAAAP Initiative, USAID, UNICEF, UNAIDS, and WFP

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Rationale for the OVC RAAAP Initiative

In November 2003, USAID, UNICEF, UNAIDS, and the World Food Program (WFP) launched the massive orphans and other vulnerable children (OVC) Rapid Country Assessment, Analysis, and Action Planning (RAAAP) Initiative in partnership with in-country donor offices, national OVC steering committees, and the POLICY Project to assess current levels of support and care for children who have been orphaned or made vulnerable by AIDS in 17 sub-Saharan countries. These countries are Botswana, Central African Republic, Côte d'Ivoire, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. Twelve of these countries are slated to receive funding from the President's Emergency Plan for AIDS Relief.

The RAAAP Initiative on behalf of Orphans and Other Vulnerable Children in Sub-Saharan Africa was an unprecedented effort to identify and analyze the range of services being provided to an estimated 10.6 million children (up to age 17) orphaned by AIDS in the aforementioned 17 countries. The countries were selected had large numbers of OVC. In 11 of these countries, more than 15 percent of all children under the age of 17 were orphans in 2003. The estimated total number of orphans in the 17 countries was 26.7 million in 2003 (Children on the Brink, 2004).

The underlying imperative for this work is founded on the realization by donor partners and a broad range of stakeholders that the increasing scale of the HIV/AIDS pandemic is also becoming a rapidly escalating disaster for children. It is analogous to a "perfect storm" scenario. The HIV pandemic is colliding with ineffective prevention, infringements on women and children's human rights, deepening poverty, and crippled public infrastructures. These conditions are unraveling family and community "safety nets" and are causing multiple burdens of grief, economic insecurity, and caregiver overload and burnout.

Most of the orphans worldwide who have lost one or both parents to AIDS live in sub-Saharan Africa. Child-headed households are becoming more prevalent, and frightened children are supporting and nursing sick parents and caregivers rather than attending school and experiencing a normal childhood. Millions more children are vulnerable to sexual exploitation and child labor, with growing numbers of street children and child prostitutes. Moreover, an estimated 3 million children worldwide are living with HIV/AIDS.

In June 2001, nearly 50 countries signed the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS, which includes a core set of indicators applicable to OVC. Following an April 2003 report of the Special Envoy of the Secretary General on Humanitarian Needs in Southern Africa, UNICEF convened the Inter-Agency Task Team on Orphans and Other Vulnerable Children to bring together a broad coalition of stakeholders to reach consensus on a set of 10 core OVC indicators to measure national progress in improving the welfare of OVC. The First Global OVC Partners Forum was held in October 2003, and an agreement was reached for greater collaboration to rapidly scale up and improve the quality of the response to OVC. The significance of the OVC earmarks for the African countries within the President's Emergency Plan was also highlighted during this forum. Subsequently, USAID, UNICEF, UNAIDS, and the WFP outlined objectives to conduct a rapid assessment exercise in order to scale up the response to OVC.

In July 2004, UNICEF, UNAIDS, and a broad range of representatives from other donor and government agencies, faith-based and nongovernment organizations (NGOs), academic institutions, the private sector, and civil society collaborated to develop *The Framework for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS.* The five strategies within *The Framework* represent an agreed-upon common agenda to support and guided the analysis of the findings from the OVC RAAAP Initiative.

Methodology

The OVC RAAAP Initiative was developed as a means for providing a policy and programmatic framework that would unify and scale up multisectoral national responses to the orphan crisis in each of the 17 countries in sub-Saharan Africa. The partner agencies designed an approach to rapidly obtain baseline data for planning and monitoring scale-up in each of the 17 countries participating in the OVC RAAAP Initiative. The partners included: headquarter and in-country offices of USAID, UNICEF, UNAIDS, and WFP; POLICY Project/Futures Group headquarter and field staff; national ministries and other implementing agencies; and national OVC steering committees. The methodology has two components: development of assessment tools to undertake a "rapid assessment," followed by analysis and action planning.

Assessment Tools: Five assessment tools were developed by USAID and UNICEF headquarters to provide inputs to national OVC steering committees engaged in OVC action planning. Each national OVC steering committee validated all tools/data at each step of the assessment. The assessment tools are described below.

1. Situation of OVC – An analysis and summary of existing quantitative data was prepared for each country by USAID/UNICEF staff.

2. Contextual Assessment – This provided an overview of factors shaping the lives (and needs) of OVC and families affected by HIV/AIDS. It highlighted the main factors affecting the abilities of governments, communities, and individuals to respond, including social, political, geographical, and economic factors, challenges, and opportunities.

3. Response Assessment/*OVC Desk Reviews* – This component of the assessment was prepared by POLICY Project for USAID. It detailed the current OVC interventions and service response to date, identifying those providing services/implementing programs, funding and collaborating partners, geographic and numerical coverage currently being achieved, the cost of service provision, and the timeframe and duration of current interventions. The response data were used to provide an assessment of the overall adequacy of interventions at the country level, including program effectiveness, barriers to scale up, and cost-effectiveness.

   The *OVC Desk Reviews* were systematic searches for OVC intervention descriptions and evaluations relevant to each of the 17 countries, using the following sources of data:

   - Descriptive and analytical OVC studies and reports from international donors, including annual reports, research documents, presentations, and situational analyses.

   - Electronic databases of project descriptions and workplans from website searches of major international nongovernmental organizations (NGOs) and community-based organizations.

   - Literature searches for "grey literature" not formally published, including program and project reports, policy documents, conference abstracts, and news articles.

   - Email correspondence with project staff identified in each country.

   The desk reviews did not include direct collection of final project reports and evaluations from implementing organizations or various international donor organizations active in the 17 countries. Most important, they did not include direct field observations that would be necessary to most accurately characterize appropriateness, relevance, effectiveness, and program factors enabling or

constraining intended OVC intervention outcomes. This information about current OVC responses is a unique data set, the first of its kind collected since the beginning of the epidemic.

4. OVC Effort Index – An assessment of each country's commitment and level of effort toward accomplishment of the five UNGASS OVC-related goals was conducted among national OVC steering committee members by local consultants with assistance from POLICY Project. The survey served as a self-assessment of progress among key partners and stakeholders engaged in each country's national response on behalf of OVC. It is a self-report of national effort to date.

5. Community Responses – This assessment provided information about existing community responses to OVC, as extended families and communities provide the majority of support to OVC. It included identification of ways to strengthen the capacity of families affected by HIV/AIDS to respond to OVC and to participate in a comprehensive national response.

Unit costs of essential services were measured separately with a 23-country UNICEF-funded survey. Local consultants interviewed major OVC service organizations in each country in order to collect cost data for components of each major OVC service area—food, healthcare, psychosocial support, financial aid/economic stability, education, and legal protections. The data captured unit costs among small and large organizations in both urban and rural settings. It is the first data set of its kind.

Analysis and Action Planning: The input, process, and output data gathered and summarized within each of the five assessment tools were delivered to each national OVC steering committee for validation and analysis. In some instances, in-country consultants confirmed or added information to each tool and prepared analytic reports as a preface to action planning. The national OVC steering committees then prepared national OVC action plans to set priorities and identify financial and technical support for rapid scale-up of OVC efforts. The assessment tools and process also provided a framework for enabling countries to collect, assess, and routinely update their own data, and to make much needed improvements to their OVC-specific tracking and monitoring and evaluation systems.

One of the outcomes of the analysis phase was to support national ownership of results and help to mobilize commitment to a scaled-up response on behalf of OVC. As a result of this investigation, governments are specifically using data from the OVC Desk Reviews to inform further development and implementation of draft or final orphan policies, and national OVC steering committees have integrated *OVC Desk Review* data into 16 of 17 national OVC action plans that identify key actions and priorities for addressing current gaps and constraints in programming scaled-up responses to OVC.

Overview of Key Findings from OVC Desk Reviews

The major findings from the OVC RAAAP process directly link to the five strategies of *The Framework for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. The results of the *OVC Desk Reviews,* along with the OVC Effort Index findings and OVC unit cost data, provide groundbreaking baseline information, but much work remains to be done to set priorities and operationalize OVC programs, cost and allocate resources, and implement the national OVC action plans.

Preparation of the 17 *OVC Desk Reviews* was the first undertaking of its kind to identify the number of OVC (including children in need and children orphaned or made vulnerable by HIV/AIDS) receiving or not receiving essential services and support across all 17 countries. Each *OVC Desk Review* summarizes project interventions and support provided by stakeholders at every level within the following major OVC service areas: food/nutrition, education, healthcare, psychosocial care and counseling, child protection, financial assistance, and other supportive services. In addition to providing baseline information critical for strategic OVC programming, the effort tracked OVC program funding streams and the status of development of national OVC policies and strategic plans, identified organizations at all levels that are directly delivering services to OVC, and evaluated the quality of these services and key factors for rapidly scaling up the scope of services/support and coverage.

The collective findings from the *OVC Desk Reviews* are the most current, evidence-based data available for analyzing the scope, coverage, and quality of each national response to OVC. The 17-country findings provide a unique reference for stakeholders involved in planning or implementing OVC and HIV/AIDS programs. The country-specific data can be found at *www.futuresgroup.com/ovc*. Additional data and verification can be obtained by directly contacting each National OVC Steering Committee. The main findings of the *OVC Desk Reviews* are presented below using *The Framework for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* and its accompanying strategies as a way of illustrating progress to date in achieving the UNGASS OVC goals.

<u>Framework Strategy #1:</u> Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial, and other support.

Prevention of HIV infection and progression to AIDS is central to avoiding future increases of the number of orphans due to AIDS (from the 10.6 million OVC due to AIDS currently identified in the 17 *OVC Desk Reviews* to an estimated 25 million OVC projected over the next decade). One obvious strategy for reducing the numbers of orphans due to AIDS is to reduce the number of infections among adults. Yet based on evidence from the *OVC Desk Reviews*, the most prominent sources of global HIV/AIDS funds appear to give priority to treatment of adults and children living with HIV/AIDS rather than to more aggressive HIV prevention tactics. Both approaches are necessary, and funding for both must be appropriately balanced.

Many OVC are themselves living with AIDS. Depending on a given country's definition of OVC, some OVC may also be sexually active and thus particularly vulnerable to infection. In the context of the growing economic and social risks the OVC crisis presents to national and global security, it is clear that age-specific HIV prevention programs must be established and accessible to the most vulnerable youth. It is essential that OVC guardians and caregivers have access to all aspects of prevention education and services. This includes the enforcement of women's and children's education and economic rights, particularly inheritance rights.

Key Findings:

- Evidence across all 17 *OVC Desk Reviews* indicates an urgent need for more effective HIV prevention at the school and community levels. In Botswana, for example, a needs assessment for HIV prevention in the schools found that 74 percent of staff felt that materials were not relevant or target-specific and teachers were not adequately trained.

- Data from all 17 countries indicate that men are typically more informed and educated about HIV/AIDS and prevention methods than women. This is likely because sub-Saharan Africa is lagging behind all other regions of the world in numbers of girls enrolled in school. High HIV prevalence rates among pregnant women in a number of sub-Saharan African countries (e.g., Swaziland and Lesotho) are predictors of much larger orphan populations in the near future. Indicators of this trend are the much higher rates of HIV infection among females aged 15–24 in most of these countries and the fact that the incidence of HIV infection among teenage women is five times higher than among teenage men.

- Evidence from all of the *OVC Desk Reviews* pointed to a severe shortage of economic or psychosocial support programs and poor service coverage for OVC caregivers. The vast majority of these caregivers are females, many of them elderly, most of them supporting themselves, orphans, and other children on less than US$1 a day. The severe poverty among female-headed households who are caring for orphans is directly linked to illiteracy and cultural and civil prohibitions against women and children inheriting wealth and property.

- There is substantial evidence that the financial and physical burden of caring for persons living with HIV/AIDS and orphans falls on already-impoverished households. For instance, in Kenya, 45 percent of all HIV/AIDS-related expenditures (assumed to include orphan care) are paid as direct out-of-pocket expenses by households, whereas the government of Kenya pays for 30 percent and donors pay for the other 25 percent (*Kenya HIV/AIDS National Health Accounts Subanalysis,* 2004). Given the increasing poverty as a result of rising household healthcare expenditures throughout Africa, community-driven interventions and direct assistance to households must be incorporated into national OVC action plans and budgets.

- Families and communities have long been regarded as the "safety nets" for sustainable response to the epidemic, including the OVC crisis. Yet, according to the *OVC Desk Reviews*, caregivers in all 17 countries reported that without immediate and direct financial support, orphan and other children's access to food, healthcare, and education—including prevention education—will continue to deteriorate.

<u>Lesson Learned:</u> HIV prevention approaches should be central to poverty reduction strategies.

The large and growing orphan populations in all 17 countries indicate that current HIV prevention efforts among OVC (and adults) are not working. Not one of the OVC RAAAP countries is economically, logistically, or legally prepared to cope with the rising numbers of OVC. Decreased incidence of orphans can only be achieved by giving priority to OVC HIV prevention and integrating HIV prevention within all other OVC support and services and into ongoing activities such as antiretroviral therapy, prevention of mother-to-child transmission, and voluntary counseling and testing services.

The global donor community has projected that by 2007, US$1 billion will be needed annually for AIDS orphanages globally (UNAIDS), an approach that is antithetical to the family and community-based strategies recommended by *The Framework*. At the same time, billions of dollars are being earmarked to

provide drug access and treatment to those already infected and living with HIV/AIDS. Effective HIV prevention—including sustainable job creation programs—among adults and children should also be a major priority of every government and donor engaged in the fight against AIDS. The resiliency of communities (and the stability of grassroots democracies) is eroding under the combined onslaught of the HIV epidemic, drought, and escalating poverty, placing an even greater burden on households and community volunteers caring for more and more orphans and children in need. Donors cannot assume that "volunteerism" at the community level is a long-term, sustainable strategy. Funds need to be invested in community-led OVC initiatives that create jobs, educational access, and provide cash grants to female heads of households. A mix of economic incentives must be provided to meet the varied short- and long-term needs of households and communities: cash grants, conditional cash grants, microfinance, direct emergency financial aid, job creation, funds to pay community outreach workers and caregivers, and seeds for food crops.

School and community-based HIV prevention education programs must be tailored to meet the age, gender, and developmental needs and specific vulnerabilities of each at-risk constituency. While abstinence, faithfulness, and condoms can help prevent HIV infections, so, too, can the improved economic status of OVC and their caregivers. Economic stabilization at the family and community levels is among the most effective and least-funded HIV prevention strategies in the sub-Saharan region.

Framework Strategy #2: Mobilize and support community-based responses (to provide both immediate and long-term support to vulnerable households).

The *OVC Desk Reviews* repeatedly confirmed that communities continue to be the mainstays of the OVC response. In the vast majority of countries surveyed, communities provide far more OVC services and direct support than government ministries, donors, or international nongovernmental organizations (INGOs) combined (see draft Country Rapid Response tables at *www.futuresgroup.com/ovc* for detailed implementing partner activities). *OVC Desk Reviews* in all 17 countries reported that NGOs and caregivers cited severe funding and staffing shortages and a lack of national OVC guidelines as major impediments to scaling up and sustaining community-based efforts.

Key Findings:

- The *OVC Desk Reviews* frequently found that OVC policies were not integrated into national poverty alleviation plans, national HIV/AIDS strategic plans and policies, or human rights frameworks. To implement national OVC action plans, funds must be earmarked for community-based OVC programs within the national AIDS budget and included in proposals to the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and other donors.

- Government ministries coordinating a national OVC response often reported that they were unable to orchestrate the complex activities required to involve and reach the community level. Global and national OVC response efforts are often hampered by staff shortages, insufficient resources and technology to increase capacity, and reluctance among fiscally competitive OVC providers at all levels to share information and "best practices." Though community-centered coordination is more labor- and resource-intensive, it is necessary to rely on and partner with communities during strategic planning, priority setting and resource allocation, and monitoring and evaluation.

- Compensating family and community OVC caregivers is one way of securing the growth of programs and guaranteeing OVC access to basic essential services such as food, healthcare, and education. Job creation through financial compensation for formerly unpaid female volunteer labor at the community level is essential to building a secure national and local OVC response mechanism.

<u>Lesson Learned:</u> Investing in community-centered infrastructure while expanding government services at the community level improves care and support to children.

Families and communities—particularly women—have expertise in identifying and responding to the needs of OVC. It seems evident, therefore, that national OVC strategic planning and resource allocation must be centered at the community level.

Capitalizing on communities' and caregivers' OVC knowledge is a smart financial strategy that will guarantee stronger returns on dollars invested. This includes bolstering existing community OVC programs, community-based children's care centers, and other mechanisms by building staff and program capacity around the already-existing nuclei of response found in community after community. Equally as important, it means integrating poverty reduction strategies focused on community economic vitality with an OVC policy and national HIV/AIDS goals that also recognize communities as principal beneficiaries and implementing forces.

A functioning and vital OVC sector represents an incredible opportunity for democratic and economic stabilization throughout the region. It should be strengthened by focusing donor funds and expanding government services for OVC, while reducing poverty at the community level by generating OVC sector jobs. For instance, local community OVC care coordinators could be hired to track individual OVC cases and households with children in need, to improve data collection, and to monitor the quality of OVC support services and delivery mechanisms. Hiring from within the community and coordinating government services with community-led initiatives would help boost the local economy while reinforcing a deep sense of community ownership for OVC support and programming.

<u>Framework Strategy #3:</u> Ensure access for OVC to essential services, including education, healthcare, and birth registration.

Unfortunately, despite great efforts on the part of governments, donors, INGOs, and local NGOs, the *OVC Desk Reviews* found that only a small percentage of vulnerable children were receiving even one basic service. It is possible that these low figures are as much a reflection of poor monitoring and evaluation systems found across all 17 countries as they are true assessments of the number of OVC receiving services. Regardless, these are the most comprehensive coverage numbers to date, and they indicate extremely low numbers of OVC currently receiving services, support, and other assistance.

Key Findings:

- Out of an estimated 10.6 million children orphaned and made vulnerable by AIDS in sub-Saharan Africa, it is estimated that 914,000 are receiving even one essential service, such as food, healthcare, education, psychosocial support, or protection. This means that only 8.6 percent of the total estimated number of orphans and vulnerable children due to AIDS are receiving at least one essential service.

- In a number of OVC RAAAP countries, *OVC Desk Reviews* found that donors, governments, and NGOs were unable to track how many OVC were receiving services and support or how much money was earmarked for them. This was due in part to decisions made to protect orphans from stigma and discrimination by merging assistance funds for OVC into such general aid categories as HIV/AIDS, Children, and Youth. However, findings of such poor coverage call into question how effectively children and youth are being prioritized within national HIV/AIDS plans and how well human rights covenants are genuinely being upheld.

- Across all 17 countries, lack of high-quality birth and death registration systems make it difficult for orphans to obtain official records "proving" they are orphans. As a result, millions of OVC are ineligible to receive public benefits such as food aid or free medical care or primary education. And million of orphans are not able to claim property and other inheritance rights that could provide access to education and some modicum of economic security.

<u>Lesson Learned:</u> Establish monitoring and evaluation systems to track fiscal and program outcomes to ensure reversals of low OVC coverage.

Many factors have contributed to the low OVC coverage numbers across sub-Saharan Africa. These range from poor monitoring and evaluation on the part of governments, donors, and NGOs to shortages in OVC-specific funds, poor fiscal tracking and logistical coordination, and deficits in staff numbers and capabilities. Despite these findings, it is important to recognize that these severe service and support gaps can be closed. Donors can play an important role by funding capacity building and training that will enhance community-based OVC providers' administrative, financial, and service delivery skills. Donors can also require that funding to both governments and NGOs be contingent upon evidence-based improvements in fiscal accountability and in numbers of OVC reached. Governments can improve OVC coverage rates by providing greater support to ministries responsible for OVC coordination.

<u>Framework Strategy #4:</u> Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to communities.

The *OVC Desk Reviews* found that across all 17 countries surveyed, governments lagged behind in enforcing child protection and human rights laws. These gaps in protection make OVC and their caregivers more susceptible to poverty and to stigma and discrimination, including being barred from accessing public OVC benefits.

Key Findings:

- The *OVC Desk Reviews* found that many governments excelled at signing commitments to such international agreements as the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women, the International Labor Union's Convention on Child Labor, and the African Unity's Charter on the Welfare and Rights of the Child. Glaring gaps, however, remain in the area of enforcement of these laws.

- Many governments reported that poor enforcement was linked to severe funding strategies and lack of trained staff. It was not clear from the *OVC Desk Reviews* how many donors are making funds conditional on enforcement of women's and children's human rights.

- Lack of enforcement of women's and children's human rights is threatening the well-being of orphans and their caregivers, particularly as it relates to inheritance rights. With no legal right to claim wealth or property, women and children plunge deeper into poverty. This, in turn, increases their chances of being exploited, sexually assaulted, or infected with HIV.

- This lack of enforcement severely inhibits government and donor efforts to channel resources to communities, particularly to women and girls who provide the vast majority of OVC care but who are often too poor and disenfranchised to afford basic services such as food, healthcare, or education.

<u>Lesson Learned:</u> Create a multisectoral fiscal "checks and balances" system; require that funding be contingent on evidence-based human rights enforcement.

Donors can accelerate enforcement of women's and children's human rights by requiring that funding streams be contingent upon evidence-based progress on issues of gender equity and human rights. To achieve scale-up, donors can also insist that funds be tied to systems that can rapidly replicate "best practices" and reinforce a shared learning environment among OVC providers.

At the same time, donors can play a much larger role in improving fiscal tracking of OVC funds. Based on evidence collected through the *OVC Desk Reviews*, it appears that a multisectoral system of fiscal checks and balances is missing from most of the countries surveyed. Such a system needs to be rapidly adopted by donors, governments, and NGOs. Currently, it appears that while donor funds may in fact be allocated for OVC services, in many cases there is no evidence or follow-up to determine how that money has been spent or how many OVC have benefited. In other cases, OVC funds are not earmarked but are merged into much broader aid categories such as HIV/AIDS or youth, and it cannot be ascertained whether OVC were, in fact, served.

<u>Framework Strategy #5:</u> Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

Few of the 17 countries surveyed have conducted campaigns to educate the public about the dimensions of the national OVC crisis, national OVC policies, or child protections.

Key Findings:

- The scarcity of concrete advocacy campaigns may be partly due to the fact that eight of 17 governments have not yet completed national OVC policies, and seven of 17 have not completed national OVC strategic plans. Thus, there are no benchmarks or guiding principles to report to their citizens.

- In other cases, governments are not fiscally or logistically equipped to conduct such massive education initiatives among the public—or even among government workers. For instance, the 2003 *Survey on the Prevalence and Characteristics of AIDS Orphans in Ethiopia* found that even when an HIV/AIDS or OVC policy does exist, government workers are not necessarily well informed or aware of its existence. The survey found that one of five government officials are unaware that a national HIV/AIDS policy exists, and 40 percent of organizations interviewed reported they do not have any plan of action designed to render services to AIDS orphans.

<u>Lesson Learned:</u> OVC will be given priority when governments create a separate OVC ministry or OVC ombudsman to represent the interests and needs of OVC.

In all of the 17 countries surveyed, OVC and their special needs continue to be marginalized. Extremely low coverage numbers confirm this phenomenon.

Governments are making efforts to address OVC by designating one or several government ministries to conduct studies, establish OVC task forces and national OVC steering committees, and coordinate and support community-based activities. More often than not, however, the *OVC Desk Reviews* found that these ministries are often too busy with other responsibilities to fully devote attention and limited human and financial resources to the myriad needs of OVC. In many cases, the delegated ministries are

politically and economically weak, understaffed, and overwhelmed with current responsibilities. The result: large numbers of OVC are unable to access even one basic service.

Governments, donors, NGOs, and—most of all—OVC and their caregivers, would benefit greatly from the creation of a national OVC ministry or a national OVC ombudsman. Such a ministry or post would establish one clear advocate, one central information clearinghouse, and specific policy and funding on behalf of OVC. It would provide one representative office that could convene multisectoral input to coordinate with the array of donor agencies. It would promote stronger adherence to program and funding accountability and would ensure that more OVC and their caregivers receive the services they deserve. In addition, a national OVC ministry or national OVC ombudsman could work to ensure that OVC are specified within poverty reduction strategies and funding sources, as well as national HIV/AIDS programs. Organizationally, an OVC advocate or representative office could ensure the inclusion of the community and civil society—including children in need, orphans, and caregivers—in every phase of OVC strategic planning, implementation, and evaluation.

Historical Context of Government and Donor Response to HIV/AIDS and OVC

Many of the *OVC Desk Review* findings paint a bleak reality of neglect toward children orphaned and made vulnerable by the HIV/AIDS epidemic. Yet, the findings also demonstrate how citizens and governments in all 17 countries, so afflicted by poverty, hunger, disease, and—in many cases—war and conflict, are making concerted efforts to reach OVC who are in desperate need of love, care, and support. In reading and interpreting the findings, it is essential that we examine and place in context the responses made by governments and donors to the overall pandemic during the last two decades. Through this historical referencing, we are better able to see how decisions of the past are now influencing the present.

The first cases of AIDS surfaced in Africa in the mid-1980s. At that early stage, national governments and the international donor community approached AIDS as a public health issue. Given that perspective, ministries of health in AIDS-affected nations became the chief managers of national coordinated responses. They were also the principal recipients of early HIV/AIDS funding. Unfortunately, ministries of health have often been among the least funded and least empowered arms of government.

As the HIV/AIDS pandemic grew, so, too, did government and donors' understanding of and response to it. As ministries of health geared up to control the spread of HIV and treat those infected, a broader range of support was needed to coordinate expanded HIV-prevention programming. At this point, ministries of education also became involved. Similar to the ministries of health, however, these ministries also experienced severe shortages in staff, technical capability, funding, and capacity building.

Governments and the international community have only recently begun to cultivate and solidify more comprehensive, national HIV/AIDS responses through a multisectoral partnership effort. Today in all 17 countries surveyed, those involved in building a response to HIV/AIDS—including the OVC crisis—include governments, donors, INGOs, NGOs, religious and faith-based organizations, community-based organizations, and grassroots groups. In some countries, caregivers and older orphans are also contributing to program design and development.

Many positive steps have been taken to control the epidemic and to begin assessing and providing greater leadership around OVC-related issues. However, the early tendency to delegate HIV/AIDS responsibility to weaker government ministries continues, particularly in the realm of OVC care and support. As the *OVC Desk Reviews* reveal, in many of the 17 countries, the ministry responsible for OVC care and support tends to be the least powerful—for multiple reasons. In Mozambique, for example, where the Ministry of Women is the lead OVC agency, a senior government contact reported that "there is very weak" coordination of OVC programs and confirmed that the Ministry of Women "is one of the least resourced ministries" in the government. This contact further noted that it is "very hard to find out who, exactly, is or is supposed to be coordinating specific OVC activities." Parallel examples exist in Malawi and Nigeria, where the Ministry of Gender and Community Services and the Federal Ministry of Women Affairs and Youth Development, respectively, are the lead government agencies.

In Malawi, Mozambique, and Nigeria there is little, if any, enforcement of existing women's and children's rights, and legal reforms that could provide greater protections are slowly occurring at best. Given this context (which is not limited to the aforementioned examples), it is not surprising that national strategies to expand financial assistance and care and support to OVC and their caregivers have not yet reached donor or government priority lists. In other OVC RAAAP countries, responsibility for the OVC crisis has been delegated to not just one single ministry, but to three or four. In Zimbabwe, the Ministry of Public Services, Labor, and Social Affairs, the Ministry of Legal Affairs, and the Ministry of Basic Education, Sports, and Culture are in charge of all OVC coordination. While shared responsibility could potentially lead to achieving greater coverage for OVC, data from the *OVC Desk Reviews* reveal that multiple leaders often appear to diffuse efforts and produce fragmented outcomes.

Overview of Global Donor Funding for HIV/AIDS and OVC

Many of the *OVC Desk Review* findings reflect deficiencies in government and international responses to the escalating OVC crisis in sub-Saharan Africa. Most of the governments surveyed do not have sufficient financial resources to holistically address the HIV/AIDS epidemic, including the OVC crisis and the parallel crisis of weak enforcement of women and children's rights. In other instances, available government or donor funds are not adequately earmarked for distribution, channeled to communities and children most in need, or monitored. The findings strongly suggest the need for a paradigm shift by donors and major stakeholders to channel resources more predictably, efficiently, and effectively to support community response capacity.

Global donor funds are critical to building caring, legally protective, and supportive environments for the 10.6 million OVC due to AIDS identified through the *OVC Desk Reviews*. The following somewhat limited financial information presents a sketchy context of funding priorities to address the HIV/AIDS epidemic (most of this information is based on reports compiled by UNAIDS). Yet the evidence shows that donors, similar to governments, are just beginning to fully address the orphans and children-in-need crisis in sub-Saharan Africa and other parts of the world.

Financing the Expanded Response to AIDS was prepared in July 2004 by UNAIDS in partnership with the International Labor Organization, Futures Group, UNDP, UNFPA, the World Bank, and other prominent international donors. In the report, UNAIDS initially estimated that US$10.5 billion and $15 billion would be needed in 2005 and 2007, respectively, to finance the necessary global HIV/AIDS response. UNAIDS has since recalculated cost expenditures. It currently estimates that $12 billion will be needed by 2005 and $20 billion by 2007. It is not clear from either the UNAIDS report or most of the data gathered during the *OVC Desk Reviews* exactly how much of these sums are being considered for OVC care and support.

The UNAIDS projections of future resource needs for orphans are daunting:

- $509 million per year for orphanages globally. By 2007, the needed expenditure is projected to be more than $1 billion a year.

- Support for communities is estimated at $364 million a year. By 2007, needed support is projected to be $722 million.

- In 2005, UNAIDS estimated that support to orphans through school fees would require $204 million. By 2007, the needed expenditure is projected to be $406 million.

The following UNAIDS information gathered through annual mail surveys to donors and recipients is important for interpreting the findings from the *OVC Desk Reviews*:

- Similar to governments and NGOs, many donor funds are not disaggregated according to "Orphan" or "OVC" categories versus "Children," or even "General Population" or "General Health Expenditures." Global financing tracking reports produced by UNAIDS do not track fiscal spending for OVC categories.

- The President's Emergency Plan is the world's newest and largest source of HIV/AIDS funds, with a pledge of US$15 billion over five years for 12 of the 17 sub-Saharan countries surveyed for the OVC RAAAP process. Three-fourths of the total Emergency Plan budget is allocated for treatment, compared with 10 percent that is allocated for OVC care and support. Of the $2.4 billion released

earlier in 2004 by the U.S. Congress, approximately $240 million is earmarked for OVC care and support.

- The second newest source of significant HIV/AIDS funds is the GFATM. As of June 2002, the Global Fund had recorded pledges of $1.9 billion. As of July 2004, progress had been made on 25 grants in 15 countries, with a total commitment of $158 million. An estimated $68 million is earmarked for AIDS. Data are not available to determine exactly how much of these funds are allocated for—or actually spent on—OVC care and support.

- HIV/AIDS expenditures from the WFP increased from $1 million in 2001 to $195 million in 2002. A majority of the 17 OVC RAAAP countries in sub-Saharan Africa rely on the WFP funds to support OVC feeding programs. However, it is not clear what portion of these funds have directly reached OVC.

- The World Bank represents the largest source of HIV/AIDS funding to the world's poorest countries through its Multicountry AIDS Program (MAP). MAP has spent $1 billion in multiyear grants or interest-free loans to support HIV/AIDS programs in Southern Africa. It is not clear what portion of these funds has been allocated for OVC-specific activities.

Another UNAIDS report, published in May 2004, summarized donor expenditures for HIV/AIDS. *Aid Activities in Support of HIV/AIDS Control, 2000–2002* (Secretariat of the Development Assistance Committee of the OECD and UNAIDS) provides a comprehensive overview of aid allocation for HIV/AIDS activities by donor and recipient countries. Highlights from this document include:

- From 2000 to 2004, Development Assistance Committee members' commitments to AIDS control were $2.2 billion per year. It is not clear what portion of these funds were allocated for or reached OVC in the 17 countries surveyed.

- The top 10 bilateral donors provide an estimated $1.1 billion per year for HIV/AIDS control programs. Allocations to the GFATM total an estimated $1 million per year, although pledges to GFATM are considerably higher.

- In 2003, the United States provided 35.2 percent, or $577 million, of all global resources for HIV/AIDS control. Data gathered during the *OVC Desk Reviews* could not distinguish what portion of this funding was used to care for and support orphans and vulnerable children.

The World Bank's *Projects Lending Portfolio* includes close to half a billion dollars in credit lines to 10 of the 17 OVC RAAAP countries surveyed. Other than possibly supporting the establishment of the national OVC steering committees, it is unlikely that these funds are being used for OVC activities.

Many of the countries listed below are already classified as heavily indebted poor countries (HIPC), a status that further delays new loans specifically for HIV/AIDS, including OVC. For example, in the Central African Republic (CAR), though $17 million in credit was received as of December 2001, these funds have been blocked because CAR is on "suspended status." The government has not met its payment of previous loans and an amended debt payment schedule is required before further loans can be incurred.

1. CAR - $17 million in credit as of December 2001
2. Ethiopia - $59.7 million in credit as of September 2000
3. Kenya - $50 million total credit as of September 2000
4. Malawi - $35 million in credit as of August 2003

5. Mozambique - $55 million in credit as of March 2003
6. Nigeria - $90.3 million in credit as of July 2001
7. Rwanda - $30.5 million in credit as of March 2003 [Note: the *OVC Desk Review* was only able to identify one bilateral donor, USAID, currently funding OVC-specific programs and projects. Via email correspondence, DFID confirmed that it is not currently funding any OVC program, but that it does participate on the National OVC Steering Committee. GTZ is planning to support reintegration of ex-combatants, including child soldiers, under its Good Governance Project. Many other donors (including Belgium, Canada, France, Germany, Great Britain, Italy, Luxemburg, and Switzerland) have provided the government with HIV/AIDS funds that may not have reached OVC.]
8. Tanzania - $70 million in credit as of July 2003
9. Uganda - $47.5 million in credit as of January 2001
10. Zambia - $42 million in credit as of December 2002

Conclusion: A paradigm shift among donors is needed to accelerate and improve the community-based response to the OVC crisis.

The results of this enormous assessment exercise suggest that future response on behalf of the 10.6 million orphans due to AIDS in these 17 countries cannot be "business as usual." Based on evidence collected through the OVC RAAAP process, it is essential that we shift from "top down" donor and government disbursement of project funds to community-led and community-centered mobilization. This new paradigm shift would better meet the direct, short-term emergency needs of OVC, while also laying the foundation for long-term sustainability of the OVC response and poverty reduction. The paradigm shift requires new donor-recipient partnerships that bolster economic and technical support to the OVC community sector rather than just to national governments.

It is imperative that we restructure how donors and INGOs think about, plan for, and fund OVC service delivery, support, and direct assistance. OVC services will reach more orphans when planning, logistical, and monitoring/evaluation systems are fused with successful community-grown OVC initiatives led by women, men, and children. Support and service delivery mechanisms must be informed, designed, implemented, and evaluated by the caregivers and communities working on the frontlines of OVC care on a daily basis. Orphans must also be consulted and their ideas integrated into formal plans. Donors and INGOs must align and partner more actively with community-based OVC leadership and initiatives. A paradigm shift will require new financial and power relationships between communities, government structures (particularly on provincial, district, and community levels), and donors (the resource power brokers).

There continues to be a tendency to focus on rebuilding and expanding national OVC structures in nations with poor infrastructures. Instead, it is more advantageous to identify and bolster the day-to-day systems already set in place by hundreds of thousands of communities responding to OVC.

While some national HIV/AIDS infrastructures have stabilized and grown, the majority of national OVC efforts have failed to materialize. Small but reliable OVC efforts centered at the district, village, and community levels appear to be the only sustainable types of OVC support. The international community may find that OVC needs are best met by reinforcing, supporting, and expanding existing community structures and using paid local community workers to coordinate support and services to households, caregivers, and orphans and other children most in need.